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SERIAL NUMBER 09/322,289	FILING OR 371(c) DATE 05/28/1999 RULE	CLASS 424	GROUP ART UNIT 1649	ATTORNEY DOCKET NO. 057437-391665
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APPLICANTS

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**** CONTINUING DATA *******

This application is a CIP of 09/201,430 11/30/1998 PAT 6,787,523
 which claims benefit of 60/067,740 12/02/1997
 and claims benefit of 60/080,970 04/07/1998

**** FOREIGN APPLICATIONS *********IF REQUIRED, FOREIGN FILING LICENSE GRANTED****** 06/24/1999**

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 16	TOTAL CLAIMS 55	INDEPENDENT CLAIMS 4
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials		

ADDRESS

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TITLE

PREVENTION AND TREATMENT OF AMYLOIDOGENIC DISEASE

FILING FEE RECEIVED 2952	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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